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ABSTRACT

Changes within Offices of Research in Medical Education are reported, based on surveys conducted in 1979 and 1983. Thirty-nine of 53 offices responded. Most were state-supported institutions: 32 were U.S. medical schools, and 7 were Canadian schools. Office directors provided information on goals, organizational relationships, funding, effort devoted to various educationally-related activities, and current research endeavors. Content analysis of 175 reported active research projects was undertaken. Findings indicate that despite only modest increases in budget since 1979, offices have expanded both their research efforts and their involvement in faculty development. A slight reduction in average number of staff occurred. Based on content analysis of mission statements, it was found that 51 percent of the offices had educational research as one of their stated missions, while 44 percent cited faculty development among their missions. Effort devoted to research activity increased, while there was a decline in the percentage of effort devoted by professional staff to direct teaching, instructional development, educational support services, and program evaluation. The thrust of research activity focused on applied areas such as clinical reasoning/problem solving. (SW)

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ACTIVITIES AND TRENDS IN OFFICES OF RESEARCH IN MEDICAL EDUCATION, 1979-1984

Paul L. Grover, Douglas U. Smith,
and Frank Schimpfhauser

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Activities and Trends in Offices of Research in Medical Education, 1979-1984

Paul L. Grover, Douglas U. Smith, and Frank Schimpfhauser

Abstract

Directors of Offices of Research in Medical Education were surveyed in July, 1983, in order to assess changes within their offices occurring since Schimpfhauser's 1979 study. The goals, organizational relationships, effort devoted to various educationally-related activities, and current research endeavors were reported by 39 offices. Descriptive statistics are presented which summarize the responses to the survey including a detailed content analysis of 175 reported active research projects. Comparison data for 24 Offices of Research in Medical Education participating in both the 1979 and 1983 studies are also presented. Findings indicate that despite only modest increases in budget since 1979, offices have expanded both their research efforts as well as their involvement in faculty development. Other trends are presented, and factors possibly contributing to these trends are discussed.

Perspective

Nearly 25 years have passed since the formation of the first Office of Research in Medical Education in a United States college of medicine. By 1980, almost half of the 121 colleges of medicine in both the United States and Canada had established such units. In general, the purpose of these offices has been to provide the educational support necessary to allow medical schools to train more physicians, while maintaining high educational standards. Specifically, these offices have sought to coalesce the efforts of physicians, educators, and administrators in such diverse areas as educational and institutional research; curriculum development and evaluation; development of the pedagogical skills of medical school faculty; and the development and implementation of grant proposals designed to affect curricular improvement. In the past, the structure, function, and staffing patterns of Offices of Research in Medical Education have reflected these roles.

However, reports of recent and on-going national studies (1,2) have expressed the concern that medical educators should no longer seek to expand the number of graduating physicians, but focus instead on the character of learning, improved methods of clinical instruction, the degree of faculty commitment to teaching, and the role of undergraduate medical education in the professional development of the physician. These changes may be difficult. Commentators such as Petersdorf (3) perceive changing economic conditions and governmental priorities as a threat to the viability and direction of medical education. He suggests these influences have, in turn, diverted faculty attention away from teaching and other educationally related activities. Consider, for example, the pressure on the clinical faculty to generate income through patient care, thus leaving little time for curricular planning and evaluation. Similarly, basic science faculty have succumbed to these forces by having to generate an ever increasing number of grant proposals simply to maintain a constant level of support.

If this is the case, then these forces may also have influenced the form (i.e., structure), funding, and function of Offices of Research in Medical Education. It is with this possibility in mind that the Directors of Research in Medical Education voted in the Spring of 1983 to survey its membership regarding recent changes within their offices. This paper describes the results of that survey.

Methods

Building upon elements of previous surveys by Schimpfhauser (4) and Miller (5), a structured survey instrument was developed and mailed to 53 offices listed in the 1983 directory of Directors of Research in Medical Education. Thirty-nine (74%) directors responded. Of these, 32 (82%) represented U.S. medical schools, while 18% were from Canadian institutions. All but seven (18%) of the offices were state-supported. Each director was asked to provide the following information:

1. Characteristics of the unit including staffing and position within the organizational structure of the institution.
2. Percent of office funding derived from both internal and external sources
3. Statement of current mission and activities and ways in which they have changed in the last three years.
4. Present and estimated future percent of effort in each of the following areas:
   - educational research
   - program evaluation
   - instructional development
   - faculty development
   - direct teaching
   - educational support services
   - other activities.
5. Current research activities including estimates of changes in effort expected for 1984.

Descriptive statistics (means, standard deviations, and frequency distributions for each response category) were obtained for all questions. Questions requiring open-ended responses were analyzed independently for content by two of the authors. Key words appearing in the responses were used to develop categories into which responses could be meaningfully grouped.

Staffing

Thirty-two (82%) of the offices were headed by individuals holding either a Ph.D. or an Ed.D., while six (15%) of the Directors held the M.D. degree. One Director held both the Ph.D. and M.D. degrees. The mean number of professional staff involved in educational research and evaluation was 6.5 with a majority of the offices (67%) reporting from one to five full-time equivalent professional staff members involved in this area.

Structure

Those surveyed were asked to indicate if their offices were independent organizational entities (e.g., an academic department) or affiliated with other units (e.g., Office of the Dean). Of the 39 offices responding, 22 (56%) indicated an affiliation with another unit, while 16 (41%) indicated they were independent. Most directors of these offices report to either a dean (36%) or an associate dean (39%).

Funding

Table 1 shows sources of funding for offices grouped by type of institution. Whereas the level of institutional support for offices within both public and private institutions accounts for approximately 70% of their total budgets, the most noticeable difference between them is the percentage of funding derived from grants and contracts. Offices in private institutions exceed their public-supported counterparts in this respect by almost 10 percent.

Although external sources of funding constitute a substantial portion of the budget for many offices, 12 (39%) received no external support. A total of 86 grants and contracts were reported with 38 (44%) of them derived from federal sources and 26 (30%) from private sources. Ten grants, accounting for 11% of the total, were obtained from institutional sources, while state and local sources each accounted for approximately seven percent of the total number of grants reported. Two or more externally funded projects were reported by 51% of the 39 offices surveyed.

The budgetary prospects for the majority of departments responding are modest at best. Nineteen (56%) of those responding anticipated some increase in their budgets in the next fiscal year, while only 29% of the offices anticipated a budgetary increase in excess of five percent. Eleven (32%) of the respondents indicated that they anticipated no change in their budgetary status with four (12%) anticipating decline.

TABLE 1
Mean Percentage of Funding for Offices in Public and Private Institutions[1]

Type of Institution		Grants & Institutional	Internal Contracts	Recovery	Other
Public	(n=30)	72.0(27.0)	18.1(23.0)	6.0(17.3)	4.0(16.1)
Private	(n=7)	70.6(34.2)	27.4(33.1)	2.6(3.8)	0.0(0.0)

[1]Standard deviations are shown in parentheses.

Mission and Activities

A content analysis of the mission statements provided by the directors revealed that 51% of the offices surveyed had educational research as one of their stated missions – while 44% cited faculty development among their missions. Other formal statements of mission mentioned by directors included general educational consultation (36%), program evaluation (31%), curriculum development (31%), service/technical support (21%), teaching (8%), innovation (5%), and enhancing the institution's image (5%). Other activities, including attracting outside funding, improving retention, and testing were mentioned once.

Each director was also asked to indicate any changes in the missions of their offices which have occurred in the last three years. Of 37 responses, 57% cited changes in specific areas which included increases in educational research (19%), attempts to attract external funding (14%), curricular involvement (14%), computer related instruction (14%), program evaluation (14%), teaching (10%), workshops (10%), and institutional studies (10%). Three offices (14%) cited a shift from research to service activities. Other areas of increased activity were student counseling and problem-based learning; each reported by a single office. Areas of decreased activity cited by single offices included course evaluation and testing. Overall, reports of increasing efforts far exceeded decreasing ones. However, the authors are unable to determine whether this was due to underreporting of decreases or simply increased effort.

Trends in Activities

Those surveyed were asked to estimate the percent of total office activity devoted to projects in five major areas: educational research, program evaluation, faculty development, direct teaching, and educational service. In order to assess trends in these activities, the responses of 24 offices participating in both the Schimpfhauser 1979 survey (2) and the current survey are summarized in Table 2. It should be noted that not all respondents in this comparison sample responded to each questions.

Figure 1 reveals both changing patterns of activity as well as a great diversity of programmatic emphasis among offices. More than half (56%) of the offices (n=18) responding to both surveys cited an increase in educational research, while 33% cited no change and 12% a decline. In spite of the decline in the median percent of office activity devoted to program evaluation, nine (50%) of the offices reported increases in this activity with 22% noting a decline and 28% reporting no change. Consistent with the pattern in Figure 1, only 37% of the offices (n=19) in the two surveys reported an increase in instructional development activities with 53% noting a decline and 11% indicating no change. Faculty development activity appears to be increasing in 53% of the offices (n=19) in the two sur-

TABLE 2
Offices of Research in Medical Education
Summary Data for 1979 and 1983 Survey Respondents[1]

Year Estabished	Affiliation (S-State) (P-Private)	Region	FTE[2]	GRANTS[3]	% of Total Office Activity ER	EV	ID	FD	T	ES	Other[4]
1959	S	MW	28 (20.5)	10(4)	18(10)	3(2)	7(35)	1(10)	10(10)	45(10)	16(28)
1963	P	W	4.7 (25)	55(75)	20(20)	5(5)	15(10)	15(10)	5(5)	30(40)	10(10)
1965	S	W	1 (3)	40(25)	30(25)	30(10)	0(15)	20(0)	20(25)	0(25)	0(0)
1965	S	MW	7 (8)	20(15)	12*(25)	13*(30)	10(15)	10(10)	10(5)	33(10)	12(5)
1966	S	MW	12.85(12)	60(27)	10(–)	10(–)	5(–)	20(–)	15(–)	0(–)	40(–)
1967	S	CDN	3 (2.6)	40(20)	5(5)	10(20)	25(20)	25(20)	5(15)	30(20)	0(–)
1967	S	NE	4.10(3.4)	0(0)	15(10)	15(10)	20(10)	10(5)	5(5)	25(50)	10(10)
1968	S	NE	4.25(7)	50(47)	40(25)	15(20)	5(20)	10(10)	20(20)	0(0)	10(5)
1968	S	NW	12 (14.5)	7592	15(15)	25(30)	25(30)	10(10)	5(5)	10(5)	10(5)
1970	P	NE	3 (2)	2(5)	5(5)	45(45)	20(20)	0(0)	0(0)	30(30)	0(0)
1970	S	SE	6 (8)	39(48)	25(10)	30(15)	15(15)	15(15)	10(15)	5(10)	0(20)
1971	S	SW	15 (5.25)	0(20)	20(–)	5(–)	15(–)	25(–)	0(–)	35(–)	0(–)
1972	S	E	4 (4)	15(25)	15(–)	15(–)	13(–)	20(–)	2(–)	20(–)	15(–)
1972	S	SW	5 (5.5)	0(0)	15(20)	35(25)	0(20)	35(20)	0(0)	0(10)	15(5)
1972	S	CDN	5.3 (3)	50(40)	50(40)	20(20)	10(20)	20(10)	0(10)	0(10)	0(0)
1973	S	E	10 (10)	60(36)	30(10)	15(15)	10(15)	15(25)	0(2)	10(10)	20(23)
1973	S	CDN	1.5 (2.3)	10(5)	10(10)	20(15)	20(10)	10(10)	10(15)	5(15)	20(25)
1974	S	NW	.29(1)	0(–)	0(–)	0(–)	50(–)	50(–)	0(–)	0(–)	0(–)
1974	S	MW	6.5 (6)	10(10)	15(10)	25(20)	20(5)	30(20)	10(15)	0(20)	0(10)
1975	P	MW	7 (10)	90(65)	25(10)	20(10)	20(15)	35(30)	0(20)	0(15)	0(0)
1975	S	SE	4 (4)	0(0)	0(5)	5(5)	40(75)	20(5)	0(2)	5(3)	30(5)
1975	S	S	10.5 (13)	–(40)	–(–)	–(–)	–(–)	–(–)	–(–)	–(–)	–(–)
1976	S	NE	4.5 (5)	20(30)	20(20)	20(40)	20(10)	15(10)	15(5)	10(5)	0(10)
1978	P	SE	4 (3)	20(33)	15(13)	30(15)	15(20)	10(10)	0(10)	30(30)	0(2)
		Mean '83	6.77	28.97	17.83	17.87	16.52	18.30	6.39	14.04	9.04
		Mean '79	7.00	28.78	15.16	18.53	20.00	12.10	9.68	16.21	9.59
				Mode '83	15	15 & 20	20	10	0	0	0
				'79	10	15 & 20	20	10	5	10	0 & 5

(Footnotes:)

[1]1979 survey results are indicated in parentheses; unreported data are represented by '–'s.

[2]number of FTE's involved in research & evaluation

[3]percent of office support from grants/contracts

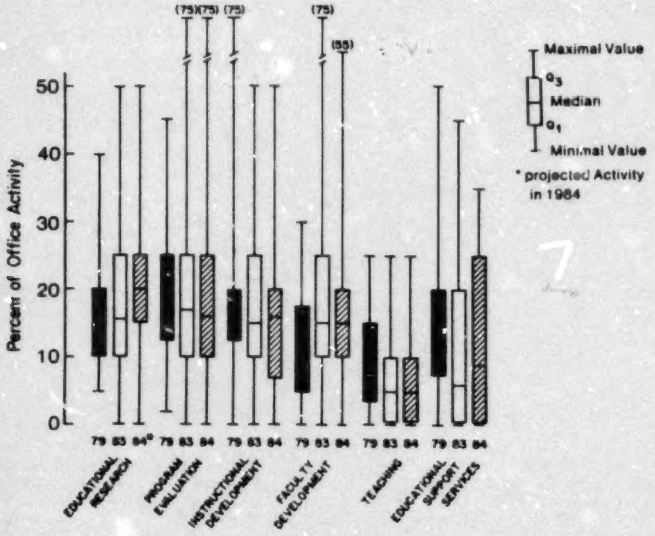
[4]1979 survey results are combined staff development and other categories

*25% combined ER & EV

ER: Educational Research
EV: Educational Evaluation
ID: Instructional Development
FD: Faculty Development
T: Direct Teaching
ES: Educational Service

FIGURE 1

Percent of Activity in Each of Six Areas for Offices of Medical Education (1979 and 1983 Surveys)



veys while it is decreasing in only 11% and remains unchanged in 37%. Only 11% of the offices in our comparison sample (n=19) reported an increase in teaching activity while 47% noted a decline and 42% reported no change. As indicated in Figure 1, there is a wide range in commitment to educational support services. A third of the offices (n=18) in this comparison sample reported an increase in these activities while 47% reported a decline and 17%, no change.

Research Activities

The level of research activity at offices responding to the 1983 survey appears to be substantial. A total of 175 projects (funded both by grants and local resources) were reported by the 39 respondents with an average of 4.5 projects per office. A topical analysis of the project titles was conducted, assigning them to one of 12 major areas. This analysis is summarized in Table 3. Areas of study are ranked both by number of offices reporting and by the total number of projects reported in that area.

TABLE 3
Research Projects Classified by Topic

	Total Offices Reporting (n=39)			Total Projects Reported (n=175)		
Areas of Study	F	(%)[1]	Rank	F	(%)[1]	Rank
Characteristics of Medical Students	24	61.5	1	42	23.8	1
Program/Course/Clinical Evaluation	20	51.2	2	24	13.7	2
Instructional Methods and Media	15	38.4	3	23	13.1	3
Social/Humanistic Topics[2]	14	35.9	4	22	12.6	4
Faculty Evaluation/Development	10	25.6	5	12	6.8	5
Testing and Measurement	9	23.0	6	9	5.1	7
Institutional Studies	9	23.0	6	11	6.3	6
Post Graduate Training and CME	8	20.5	7	8	4.5	8
Curriculum Development	7	17.9	8	8	4.5	8
Specialty/Career Choice	7	17.9	8	7	4.0	9
Medical School Admissions	5	12.8	9	5	2.8	10
Allied Health Professions	3	7.6	10	4	2.3	11

[1] Percentages will not total 100% due to multiple projects conducted by offices.

[2] A heterogeneous category including: health manpower analyses, humanistic and social issues, patient education, and health promotion.

The most frequent area of research activity contained studies related to the characteristics of medical students. These included such diverse projects as development of clinical reasoning/problem solving ability, professional socialization, analysis of the effect of prior academic achievement, learning styles and personality factors in achievement. The next most frequent area of research activity was program/course/clinical evaluation. This category included studies of evaluation research methodologies, clinical performance evaluations, the technology of student assessment and longitudinal studies of graduate performance.

Studies classified as relating to instructional methods and media ranked third. Studies in this area were concerned with the techniques of clinical instruction, small group teaching and CAI/microcomputer applications. Studies related to social or humanistic issues included patient education or disease prevention, physician manpower supply, humanistic health care and health services delivery. Interest in faculty evaluation and development, ranking fifth, was documented by 12 studies. This category included studies of the characteristics of distinguished teachers, lecture improvement techniques, and reliability/validity of student ratings.

The institutional studies category ranked sixth and included accreditation self-studies and evaluation of projects specific to the home institution. Ranked seventh, testing and measurement included topics such as test validation, criterion-referenced testing, testing procedures, and faculty review of the NBME. Studies of postgraduate training and continuing medical education ranked eighth with a total of eight studies reported. Rather surprisingly, research related to curriculum development also ranked eighth with eight studies representing cost containment, geriatrics, health promotion education, cancer education, and social/behavioral issues.

Interestingly, studies of specialty and career choice, which are perennial favorites of medical educators, constituted only four percent of all projects reported, ranking ninth in frequency with a total of seven. Studies related to the medical school admissions process, another popular topic, constituted only about three percent of all projects reported. These included studies of the process of scoring the applicant letter and components of the selection process. Research related to the allied health professions was eleventh in frequency with a total of four studies being reported.

Other Academic Activities

Several of the offices reported a variety of other academically related activities including cooperative projects and direct teaching. Sixteen offices (41%) have at least one cooperative project underway with institutions other than their own with one office reporting five such projects. Faculty from 26 (67%) offices are responsible for, or participate in, the teaching of courses to students in the biomedical sciences. A total of 59 such courses were reported with more than one-half (56%) in the medical curriculum. These courses were in the basic and clinical sciences as well as in the behavioral sciences and humanities applied to medicine. Eight offices (21%) reported responsibility for a degree-granting program specifically designed to train medical or health professions educators with an additional single office reporting participation in two such programs.

Conclusions

It was the intent of this survey to document the recent development and direction of Offices of Research in Medical Education. This can be done only in general terms. The variation among offices as to number of staff, mission, and locus of activity is substantial. These differences reflect adaptations to the needs and directives of the institutions which support them.

Based on the information obtained from both the 1979 and 1983 surveys, the authors feel there is evidence to support a number of inferences regarding trends. First of all, it appears the age of expansion, both in number and size of offices, has ended. In fact, there has been a slight reduction in average

number of staff. Although most offices anticipated some budgetary increase, the amount is modest when one considers the demands of salary increments given to existing staff.

The pattern of reported changes in office activities reflects those social and economic forces enumerated by Petersdorf (3). There was a decline in percent of effort devoted by professional staff to direct teaching, instructional development, educational support services, and program evaluation. A simultaneous increase in research activity gives the impression that offices are responding to the same forces that have purportedly caused the faculty to shift attention from education to research. Although an increase in faculty development activity runs counter to this analysis, one must recall our basic assumption that offices respond to local institutional needs, "As the faculty goes, so goes the office." Fortunately for the educational enterprise, the thrust of research activity in these offices is not toward idiosyncratic areas divorced from medical education. Instead, it is clearly focused on applied areas such as clinical reasoning/problem solving ability which allow office staff to blend their personal needs for intellectual inquiry and research productivity with the institutional mission of improving instruction.

Offices of Research in Medical Education are, in fact, changing. Much of this change may be due to their institutionalization. In a sense, this may be seen as a positive evolutionary development. But, as they have become part of the college, they have also become subject to the forces (both internal and external) affecting it. With this "maturity," the office has lost its special status as a sheltered, innovative exercise and must now compete under the same conditions and be measured by the same criteria as the other, more established departments of the college. It remains to be seen if these offices can demonstrate the research productivity this competition demands while maintaining their more traditional educational functions which have been their unique contribution.

Dr. Grover is Professor and Director, Dr. Smith is an Assistant Professor with the Division of Educational Communications and Studies, SUNY, Upstate Medical Center, Syracuse, New York. Dr. Schimpfhauser is Professor and Director of the Educational Evaluation, Development and Research Unit, College of Medicine, SUNY, Buffalo.

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PROFESSIONS EDUCATION RESEARCHER NOTES

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PERN

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Editor's Introduction

This issue offers a range of perspectives concerning the current and future status of offices in medical education. **Paul Grover, Douglas Smith,** and **Frank Schimpfhauser** describe the results of a recent survey to measure changes in the goals, activities, and directions of offices of research in medical education which have transpired since an earlier study conducted in 1979. Their paper is complemented by a report of research activities and initiatives at one such office at the University of Texas Medical Branch at Galveston; this report was provided by **John Markus** who coordinated the cooperative authorship of his colleagues in the Office of Educational Development.

The two candidates for Division I Vice President, **Muriel Bebeau** and **Wayne Davis,** have submitted thoughtful and thought-provoking statements relative to their goals for the Division.

Bob Wesley, a designer and user of questionnaires, has reviewed a new book on the subject, *Making Effective Use of Mail Questionnaires.*

And, speaking of questionnaires, please be sure to complete the enclosed questionnaire prepared by the Membership Committee chaired by **Elaine Romberg.**

To whet your appetite for the Spring meeting, a preliminary program has been provided by **Joe Sheehan,** the 1985 Program Chair. Additional details regarding exact times and places will be forthcoming. **Phyllis Blumberg's** personal view of Chicago is both practical and enticing. Those of you who are trivia buffs should plan to participate in the First Annual Division I College Bowl Trivia Contest planned for the evening of the first day of the meeting, March 31; to volunteer, contact **Jon Wergin.**

I will relinquish the editorial reins to **Terry Mast** when he returns from Australia after the first of the year. I have enjoyed my brief stint with *PERN* and wish all Division I members a joyful 1985.

Gerry R. Schermerhorn
Acting Editor

Call for Papers

PERN hereby reissues its informal call for papers—brief reports of research-in-progress, reviews of a research field or methodology, integrative position statements, and book reviews. *PERN* also welcomes announcements of events or news relevant to Division I members, notices of career opportunities, and letters to the editor. The deadline for the Spring issue is February 15, 1985. Submit manuscripts, requests, or questions to . . . Editor Terrill A. Mast, Department of Medical Education, Southern Illinois University School of Medicine, P.O. Box 3926, Springfield, IL 62708.

Vice-President's Update

During my term as vice president of the Division, members of the Executive Committee and I have been receiving informal suggestions and feedback about divisional activities. The Membership Committee has prepared the questionnaire in this issue of *PERN* so we may have more guidance from you. Please complete it and send it to *Dr. Elaine Romberg,* Chair of the Membership Committee, as soon as you can.

By-Laws

Dr. Eta Berner's ad hoc committee has nearly completed the proposed divisional by-laws. We hope to have a mail ballot for you to consider adoption of the by-laws before the AERA annual meeting.

Social Events for AERA Annual Meeting

Speaking of the AERA Annual Meeting (March 31 to April 4, 1985) the Social Arrangements Committee headed by *Dr. Julie Nyquist* recently visited Chicago to check on potential locales. They plan a College Bowl Trivia Contest for Sunday night; the Vice President's reception; and restaurant suggestions. If you have ideas for restaurants you have tried in Chicago and "guarantee" will be as good during the meeting, let *Dr. Franklin Medio* or me know. If you want more information or have suggestions for social events, contact either *Dr. Julie Nyquist* or *Dr. Carole Bland* (Co-Chair for the 1985 program).

Election of AERA Officers

You should receive a ballot from AERA in the next few weeks. Although I am repeating my comments from the last *PERN,* please take the time and effort to seriously consider the candidates. I strongly urge you to vote for the best candidate to foster educational research and the Division's concerns.

I hope the New Year finds you and yours healthy and happy.

Phil Bashook
Vice President

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